

## Ability-to-Pay Worksheet – Payer Information from Payee

**We are asking you (the payee) for information about the payer on your case to help us collect your child support. If a court hearing is set, any information you provide in this form or at the court hearing can help the court make decisions. Information you provide in this form may be shared with the court and the other party on your case.**

**If any of your information has changed, please update that information on a separate sheet.**

**Please complete this form and return it to the Friend of the Court within 14 days.**

Payee Name: DENISE DANIELLE DOE

Payer Name: DONALD DAVID DOE JR

Case No.: 2021-999999-DS

Is the payer's address correct? 123 W MAIN ST, APT #2 GRAND TRAVERSE, MI 49999-9999

[ ] Yes [ ] No (If no, enter Payer's address below):

Payer's Address: \_\_\_\_\_

Payer's Phone Number: \_\_\_\_\_ This phone is a: [ ] Smartphone [ ] Other Cell Phone [ ] Landline

Payer's Email: \_\_\_\_\_

Please enter the following information **about the payer** on your case:

PAYER'S INCOME				
Employment	Employer (Name, Address, Phone)	Start/End Date	Pay Type	Monthly/Hourly Amount and Hours/Week
Current job  Occupation/Job Title:			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other: _____	
Last job  Occupation/Job Title:			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other: _____	
Assistance	Assistance Type	Start/End Date	Amount for Each Assistance Type If the payer has applied but has not been approved, please indicate that below.	
State assistance (cash, SNAP/food, etc.)				
Other benefits (Workers' Compensation, Unemployment, etc.)				
Social Security	<input type="checkbox"/> SSI <input type="checkbox"/> SSD			

How does the payer support himself/herself (pay bills)?

PAYER'S ASSETS					
Does the payer have/own?	Yes	No	Where is it located (address)?	Number/Model/ Name	Value/Owed
Bank account					
House					
Land or other property					
Car, truck, motorcycle, or other vehicle (boat, ATV, etc.)					
Other assets (pension, settlement income, etc.)					

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PAYER'S EDUCATION AND TRAINING			
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Check all that apply to the other party:	Yes	No	Explain:
Reading/Writing difficulty			
Learning disability and/or special education in school			
Computer skills			
Professional licenses/certifications			
A high school diploma or GED			
Some college or Associate's Degree			
A college degree (Bachelor's, Master's or Doctorate)			
Trade school training			

PAYER'S PERSONAL BACKGROUND			
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Please answer these questions that apply to the other party:	Yes	No	Explain:
Married?			
Rent? If no, explain where (s)he lives.			
Valid driver's license? If the license has ever been suspended, please explain.			
Access to a vehicle or other reliable transportation?			
Recreational license or permit in the last two years?			
Veteran?			
Incarcerated? If yes, please list approximate entry and release dates and facility.			
Probation (or parole)?			
Owe court costs, fines, fees, or restitution? If yes, how much?			
Access to the Internet?			
Medical problems affecting his/her ability to work? If yes, explain if (s)he is under a doctor's care.			
Hospitalized in the past six months?			
Past or present alcohol/drug use issues?			
Substance abuse or mental health treatment center within the last two years?			
Owe other debts (credit cards, medical bills, etc.) or judgments? If yes, how much?			

Please provide any other information that you would like the court to know:

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I declare the statements in this form are true and complete to the best of my knowledge, information, and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_